



3

Approved for use through 9/30/00
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

PTO/SB/01					t Number	2532	2-00277			
(8/96) DECLARATION				Named In			Heinonen			
				COMPLETE IF KNOWN						
	OR	Declaration		ation Nu	mber					
☐ Submitted with		Submitted af	- 1 111119		. •					
Initial Filing		Initial Filing		Art Unit						
				iner Nam	e					
As a below named inven	tor, I hereb	y declare that	:							
My residence, post office address, and citizenship are as stated below next to my name.										
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:										
LIQUID RESERVOIR FOR NEBULIZER										
(Title of the Invention)										
the specification of which □ is attached hereto										
OR ⁻										
□ was filed on (MM/DD/YYYY) as United States Application Number or PCT										
International Number (if applicable).										
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.										
I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, §1.56.										
I hereby claim foreign priority benefits under Title 35, United States Code §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT international application which designed at least one country other										
							ng the box, any foreign application ate before that of the application on			
which priority is claimed.		of any PCT	mernauonai	applicatio	n naving a n	illing uz	te perore mar or the application on			
Prior Foreign		untry	Foreign Filir	na Date	Priority N	lot	Copy Attached?			
Application Number(s)	00	, unitary	(MM/DD/)		Claime		YES NO			
pp.ioddoi; italiboi(a)			(• • • •	Claime					
	1									
	Ī									
☐ Additional foreign application numbers are listed on a supplemental priority sheet attached hereto:										
I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.										
Application Number(s) Filing Date (N				YYY)	Add	litional	provisional			
							numbers are			
						listed on a supplemental				
						priority sheet attached				
						eto.				



												-		
					DECLA	RATIO	N							
I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365© of any PCT international application designated the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States of PCT International application in the manner provided by the first paragraph of Title 35, United States Code §112. I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.														
			CT Parent N		Pa	Parent Filing Date (MM/DD/YYYY)			Parent Patent Number (if applicable)					
				:										
☐ Additio	nal U.S. or PCT	intern	ational appli	cation nur	mbers a	re listed	on a	suppleme	ntal p	riority s	heet atta	ached hereto.		
Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto. As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:														
Name Registration										Registration				
			Number								Numb			
			20,323		Joseph D. Kuborn						40,68 35,68			
George H. Gary A. Es			25,927 29,376	•	Jeffrey S. Sokol William L. Falk						27,70			
Thomas M			28,922				.•				,,• 0			
Michael E.			28,120											
Joseph J.	Jochman, Jr.		25,058											
Additional attorney(s) and/or agent(s) named on a supplemental sheet attached hereto.														
☑ Please	direct all corresp	oonde	nce to: Na	ame Da		Fetterle			******					
Address	Andrus, Sceale													
Address	100 East Wisc	onsin			1 \AP - :			Trim Co	2202	1470				
						Wisconsin Zip 53202-4178 (414) 271-7590 Fax (414) 271-5770								
Country I	United States	ateme		elephone erein of m								ade on informati	ion	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false										lse				
statements	s and the like s	o mad	de are punis	shable by	fine or	impriso	nme	nt, or both	, unde	er §100	01 of Tit	le 18 of the Unit	ted	
States Cod	de and that such	willfu	I false state	ments may	y jeopai	rdize the	e valid	dity of the a	applica	ation o	rany pat	ent issued there	n.	
							iled for this unsigned inventor							
Given Name (first and middle [if any])						Family Name or Surname								
Erkki						Heinonen								
Inventor's Signature All Herry				_	Date				102,2002					
		-1-1-1		C4-4-		C	4				nobi-	Einnigh		
RESIDEN	CE: City Hel	sinki		State	L	Coun	uy	Finland		CitiZe	enship	Finnish		
POST OF	FICE ADDRESS	<u> </u>	Mehiläistie 2	24	1						1			
City Helsinki St			State		Zip FIN-00750		-00750	Cou	Country Finlan		<u> </u>			
☐ Additional inventors are being named on supplemental sheet(s) attached hereto.														
Name of	Additional Inla	Inve	ntor Ifanie			A notit	ion h	as hoon file	od for	thie un	signed in	ventor		
Name of Additional Joint Inventor, if any: Given Name (first and middle [if any])						A petition has been filed for this unsigned inventor Family Name or Surname								
Given Hame (mot and middle (ii arry)) rathing Name of Surfame														
	·													
Inventor's Signature								Date						
RESIDEN	CE: City			State		Country	,		С	itizens	hip			
	FICE ADDRESS				- <u>- L</u>									
TOOL OF	IOE VODKESS	, [_									

Country

City State Zip

☐ Additional inventors are being named on supplemental sheet(s) attached hereto.